

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY) _____

SIGNATURE OF AUTHORIZED AGENT AND TITLE

Name (print or type): 2425 Southfield Ave. CODE NO. 11

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: 10 11 11

Disposal Date: 11/15/2011

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Special Handling Instructions (if any): _____

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

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